



Docket No. 6009-4611

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/889,942
Applicant : Yrjö Leppänen et al.
Filed : October 15, 2001
TC/A.U. : 1742
Examiner : Scott R. Kastler

Confirmation No.: 4597

Docket No. : 6009-4611
Customer No. : 27123

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REQUEST FOR RECONSIDERATION UNDER 37 C.F.R. §1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated September 9, 2003, please amend the above-identified application as follows:

A Listing of Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.



11-12-03

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EXPRESS MAIL CERTIFICATE

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Date of Deposit: November 10, 2003

I hereby certify that the following attached paper(s) and/or fee

1. Request for Reconsideration under 37 C.F.R. §1.116
2. Amendment Fee Transmittal (2 copies) (no fee due)
3. Return Receipt Postcard

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Albert Isles

(Typed or printed name of person mailing paper(s) and/or fee)

(Signature of person mailing paper(s) and/or fee)

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AMENDMENT FEE TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☒ No additional fee is required.

☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED


	Claims Remaining After Amendment	Highest No. Covered by Previous Payments	Extra	Rate	Additional Fee
Total Claims*	7 -	20	0	\$18.00/ \$9.00	\$ -0-
Independent Claims	1 -	3	0	\$86.00/ \$43.00	\$ -0-
Multiple Dependent Claims	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$290.00 to additional fee (\$145.00 for small entity).				\$ -0-
TOTAL					\$ -0-

*Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. §1.75(c).

- ☐ Small entity status is or has been claimed.
Reduced Fees Under 37 C.F.R. §1.9(f) paid herewith \$
- ☐ _____ Pages Sequence Listing
- ☐ _____ Computer disk(s) containing substitute Sequence Listing
- ☐ Statement under 37 C.F.R. §1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
- ☐ A check in the amount of \$_____ to cover the filing fee is attached.
- ☐ Charge fee to Deposit Account No. 13-4500, Order No. _____. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for filing this amendment, including all fees pursuant to 37 CFR §1.17 for its timely consideration, or credit any overpayment to Deposit Account No. 13-4500, Order No. 6009-4611. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

Respectfully submitted,

Dated: November 10, 2003



Daniel C. Sheridan
Registration No. 53,585

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